

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
300 South Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 300 South Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Addie H. Bowdler

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Daniel G. Bowdler
 6. (c) If alive, give age. — years
 7. Birth date of deceased (mo., day, yr.) December 6, 1865
 8. AGE: Years 82 Months 11 Days 27 If less than one day hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county (and state))
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Charles L. Henry
 13. Birthplace Dorchester County, Maryland
 14. Maiden name Page
 15. Birthplace Dorchester County, Maryland

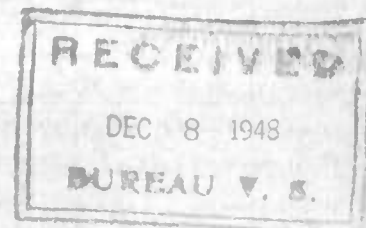
16. Informant Mrs. Anna T. Horsey
 Address Federalsburg, Maryland
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof December 5, 1948
 (month) (day) (year)
 Cemetery or crematory High Crest Cemetery
 Location Federalsburg, Maryland
 18. Funeral director J. J. Frampton & Son
 Address Federalsburg, Maryland
 19. December 4 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1948, at 6:05 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1944 to Dec 2 1948
 and that I last saw him alive on Dec 2 1948
 Immediate cause of death Cerebral Hemorrhage DURATION Aug 1948
 Due to Generalized Arteriosclerosis
with Hypertension 1944
 Due to General Debility
 Other conditions General Debility
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE W. E. Gorman M.D. M. D. or other
 Address Federalsburg, Md. Date signed Dec 4/1948



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give near-st town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
204 East Central Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 204 East Central Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Harry M. Carroll

3. (b) Social Security Number

None

4 Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Carrie L. Carroll
 7. Birth date of deceased (mo., day, yr.) December 26, 1869 6.(c) If alive, give age 80 years
 8. AGE: Years 78 Months 11 Days 21 It less than one day
 hrs. min.

9. Birthplace Federalburg, Maryland
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Postmaster
 12. Name John W. Carroll
 13. Birthplace Federalburg, Maryland
 14. Maiden name Mary Harris
 15. Birthplace Federalburg, Maryland
 16. Informant J. Russell Carroll
 Address Federalburg, Maryland
 17. Burial Date thereof December 22, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Hill Crest Cemetery
Federalburg, Maryland
 Location
 18. Funeral director J. J. Frampton, and Son
 Address Federalburg, Maryland
 19. December 21, 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1948 at 9:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 2, 1948, to December 17, 1948
 and that I last saw him alive on December 17, 1948

Immediate cause of death Carcinoma of Urinary Bladder DURATION 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Urinary Bladder Date of op. Dec. 1948

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

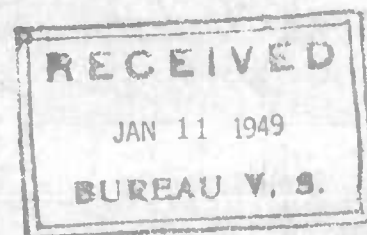
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.

Address Bridgeton, N.J. Date signed 12/21/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12302 600

1. PLACE OF DEATH:

County Caroline
 City or town Marydel
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Marydel
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank Elester Eldridge

3. (b) Social Security Number

163-20-3400

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Amelia

7. Birth date of

deceased (mo., day, yr.)

June 24, 18806. (c) If alive, give age 75 years

8. AGE:

Years

Months

Days

If less than one day

68529

hrs.

min.

9. Birthplace

North East, Penna.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

X

MOTHER FATHER

12. Name

Albert Eldridge

13. Birthplace

Peen Yan, N.Y.

14. Maiden name

Dolly Lescritch

15. Birthplace

Erie, Penna.

16. Informant

Amelia Eldridge

Address

Marydel, Maryland.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

12/ 27/ 48

(month) (day) (year)

Cemetery or crematory

Templeville

Location

Templeville, Maryland.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Maryland.

19.

12/31
(Date rec'd by registrar)

19.

48A. Clark Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 19 48 at 11:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 23 19 48 to Dec 23 19 48and that I last saw him alive on Dec 23 1948 19

Immediate cause of death

Cerebral Pectus

Due to

Due to

Cerebral sclerosis
C.V. Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE

Address

Date signed 1948

RECEIVED

JAN 5 1949

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Grace May Elliott

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife John Elliott
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 10 1883
 8. AGE: Years 65 Months 10 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania
 (Town, county, and state)
 10. Usual occupation Practical Nurse
 11. Industry or business _____
 12. Name James Carter
 13. Birthplace Penn.
 14. Maiden name Edna Stahl
 15. Birthplace Penn.

16. Informant Mrs. Isaiaca DeWitte
 Address Denton, Md.
 17. Burial Data thereof 12-27-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Denton
 Location Denton, Md.
 18. Funeral director J. V. Morrison
 Address Denton, Md.

19. 12/27 1948 M. S. D. Jones
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1948 at 6 P. M.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 1946 to Dec 24 1948
 and that I last saw him/her alive on Dec 24 1948

Immediate cause of death Cardiac Occlusion Subdural

Due to Arterio Sclerosis 3 yr

Due to Myocarditis 1 yr

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Amos D. George M. D. or other _____
Denton Address _____ Date signed 12/27/48

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JAN 3 1949

BUREAU T. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Goldsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Goldsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

Donald Earl Hart

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) November 16, 1940

8. AGE:

Years

Months

Days

It less than one day

8020

hrs.

min.

9. Birthplace

Belfast Maine

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

FATHER

12. Name

Gilbert Hart

13. Birthplace

Belfast Maine

MOTHER

14. Maiden name

Bertha Helstrom

15. Birthplace

Machias Maine

16. Informant

Gilbert Hart

Address

Goldsboro, Maryland.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

12/ 8/48

(month) (day) (year)

Cemetery or crematory

Greensboro

Location

Greensboro, Maryland.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Maryland.

19.

(Date rec'd by registrar)

12/ 848A. C. Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 19 48 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Did not see him alive 19 48
 and that I last saw him alive on 12/6/48

Immediate cause of death

DURATION

Hemorrhage
Decapitated -
R.R. accident
Multiple fractures

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/6/48

Where did injury occur? Goldsboro Caroline MD
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) R.R.

Manner of injury Run over by train Injured at work? no

23. SIGNATURE

Dr. J. D. Thomas

M. D. or other

Address

Dr. J. D. Thomas

Date signed

12/7/48

DEPARTMENT OF HEALTH

UNITED STATES GOVERNMENT

OFFICE OF HEALTH

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DEC 11 1945

BUREAU OF S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12345 66

1. PLACE OF DEATH:

County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Josephine Elizabeth Hines

3. (b) Social Security Number

4. Sex F 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife William Hines

7. Birth date of deceased (mo., day, yr.) May 11, 1882 6. (c) If alive, give age 72 years

8. AGE: Years 66 Months 7 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

12. Name Preston Griffin

13. Birthplace Maryland

14. Maiden name Elizabeth Byrce

15. Birthplace Maryland

16. Informant Harwood Hines

Address 2119 N. 21st. St. Phila. Penna.

17. Burial Date thereof 12/22/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton

Location Denton, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland.

19. Dec 21 19 48 Mary E. Laird
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 19 48 at 8: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 19 48 to Dec. 20 19 48 and that I last saw him alive on December 19 19 48

Immediate cause of death Carcinoma of Breast DURATION 2 yrs 71

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles N. Hines M. D. or other

Address Greensboro, Md. Date signed 12-20-48

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DEC 27 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12306

66

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age year

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 48

May E. Laird

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 16, 19 48, at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1, 19 48, to Dec. 16, 19 48

and that I last saw her alive on December 15, 19 48

Immediate cause of death

Bronchitis pneumonia

DURATION

2 da

Due to

Due to

Other conditions

Chronic renal disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

12/17/48

HEALTH TO THE UNITED STATES DEPARTMENT OF HEALTH

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DEC 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 510Reg. Dist. No. 12307 62

1. PLACE OF DEATH:

County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:

Neer Harmony
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Neer Harmony
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Willard A. Johnson

3. (b) Social Security Number

216-09-3218

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Pauline C. Johnson8. (c) If alive, give age 27 years

7. Birth date of

deceased (mo., day, yr.)

June 1, 1916

8. AGE:

Years

Months

Days

If less than one day

32626

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Farm

11. Industry or business

Farm

MOTHER / FATHER

12. Name

Carl T. Johnson

13. Birthplace

Caroline County, Maryland

14. Maiden name

Lela Allen

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Pauline C. Johnson

Address

Preston, Maryland, R.F.D.

17.

Burial
(Burial, cremation, or removal, Which?)Date thereof December 30, 1948
(month) (day) (year)

Cemetery or crematory

Linchester Cemetery

Location

near Preston, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalburg, Maryland19. 12/30

(Date rec'd by registrar)

19. 48Cornelia D. Plummer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 19 48, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 19, 1947 to Dec. 23, 1948
and that I last saw him alive on Dec. 23, 1948

Immediate cause of death

Testicle
carcinoma of

DURATION

14 mo.

Due to

Metastases of the glands
of neck & abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Phillip S. Syme

M. D. or other

Address

Easton, Md.Date signed 12/28/48

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JAN 8 1949

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Cough Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Maple Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Maple Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Edward J. Moore

3. (b) Social Security Number

None

4 Sex <u>Male</u>	5. Color or race <u>White</u>	8.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Della R. Moore</u>		
7. Birth date of deceased (mo., day, yr.) <u>February 16, 1869</u>		
8. AGE:	Year <u>79</u>	Months <u>9</u>
	Days <u>22</u>	If less than one day hrs. min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Line & Fertilizer Dealer
 12. Name Edward Thomas Moore
 13. Birthplace Caroline County, Maryland
 14. Maiden name Emma Andrews
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Della R. Moore
 Address Preston, Maryland
 17. Burial Burial Date thereof December 11, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory High Crest Cemetery
 Location Federalburg, Maryland
 18. Funeral director J. J. Hampton and Son
 Address Federalburg, Maryland

19. Dec. 9 19 48 Cornelia Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 19 48 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/10/39 19 48 to 12/8 19 48
 and that I last saw him alive on 12/7/ 19 48

Immediate cause of death Myocardial Failure DURATION 2 mon

Due to Hypertensive arteriosclerotic Heart Disease

Due to Arteriosclerosis 15yrs

Other conditions Benign Prostatic Hyper Diverticulosis 4 yr 75yrs
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
Preston Maryland Date signed 12/8/48

RECEIVED

RECEIVED

RECEIVED
DEC 10 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct tag is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12309 63

1. PLACE OF DEATH:

County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
Choptank Road
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Choptank Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles G. Musbaum

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 11, 1869
 8. AGE: Years 79 Months 11 Days 4 If less than one day _____ hrs. _____ min.
 9. Birthplace Carroll County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business _____

MOTHER FATHER
 12. Name David Musbaum
 13. Birthplace Frederick County, Maryland
 14. Maiden name Mary Ecker
 15. Birthplace Frederick County, Maryland
 16. Informant John H. Musbaum
 Address Preston, Maryland
 17. Burial Date thereof December 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Presbyterian Cemetery
 Location New Windsor, Maryland
 18. Funeral director J. J. Thompson & Son
 Address Federalburg, Maryland
 19. Dec. 18 19 48 Cornelia D. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

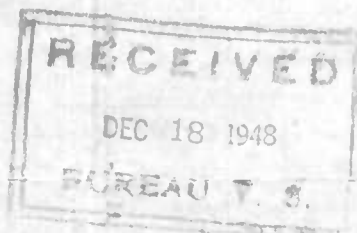
20. DATE OF DEATH December 15 19 48 at 1 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1 19 45 to December 15 19 48
 and that I last saw him alive on December 11 19 48
 Immediate cause of death Myocardial
Failure from complete
Heart Block
 Due to Arteriosclerotic Heart
Disease
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

DURATION

15 min10 yrs

Major findings of operations _____ Date of op. _____
 Autopsy results none Done
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Spury B. Plummer M. D. or other _____
 Address Preston Maryland Date signed 12/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12310
62

1. PLACE OF DEATH:

County Caroline
 City or town Hillsboro and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Carrie Truxon Reams
 4. Sex F 5. Color or race Col 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

Isaac Reams
 7. Birth date of deceased (mo., day, yr.) (No Record) M.B.T. 1886
 6. (c) If alive, give age 63 years

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Near Hillsboro, Ind.
 (Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name Elijah Truxon

13. Birthplace Maryland

14. Maiden name Addie Smith

15. Birthplace Maryland

16. Informant Isaac Reams (Husband)

Address Hillsboro, Ind.

17. Buried Date thereof 12-16-48
 (Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory Shadtown Cemetery

Location Near Hillsboro

18. Funeral director J. Virgil Moore & Son

Address Denton, Md.

19. 12/16/48 1948 (Date rec'd by registrar)

Registrar Dr. D. P. Jones

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Rural near Hillsboro
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1948 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1948 to Dec. 12 1948
 and that I last saw him alive on December 2 1948

Immediate cause of death Tuberculosis of R. Lungs
 DURATION Several years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

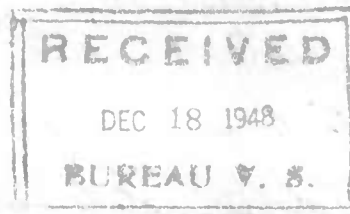
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Kari Lederer M.D.

Address Green Anne Md Date signed 12-16

9851
29
1748



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Denton (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clifton Thomas

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 24 1948 at 3P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to... 19...

and that I last saw him alive on... 19...

Immediate cause of death

DURATION

Cerebral Hemorrhage Sudden

Due to

Arterio Sclerosis 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Johnson George

M. D. or other

Address

DentonDate signed 12-28-48

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

Dec 17 1904

8. AGE:

Years

Months

Days

If less than one day

about 447

hrs. min.

9. Birthplace

Denton (Town, county, and state)

10. Usual occupation

day laborer

11. Industry or business

Link & Coles

MOTHER

12. Name

Link & Coles

13. Birthplace

Maryland

14. Maiden name

Wm Thomas

15. Birthplace

Maryland

16. Informant

Amie Taylor

Address

Denton

17.

Burial (Burial, cremation, or removal. Which?)Date thereof 12-29-48 (month) (day) (year)

Cemetery or crematorium

Spring Grove Cemetery

Location

Denton

18. Funeral director

J. Edgar Moore & Son

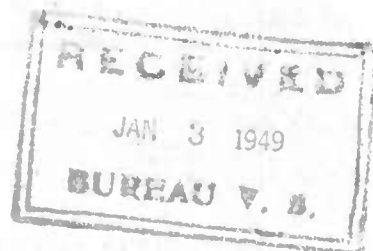
Address

Denton

19.

12-28 1948 (Date rec'd by registrar)

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *62*

1. PLACE OF DEATH:

County *Caroline*
City or town *Wheaton*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *40 years*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Maryland* County *Caroline*
City or town *Wheaton*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Rosa Lee Timmons

3. (b) Social Security Number

4. Sex *F* 5. Color or race *W.* 6. (a) Single, married, widowed, or divorced *Widow*

6. (b) Name of husband or wife *Seg. Timmons, W. C.*

7. Birth date of deceased (mo., day, yr.) *June 2, 1878*

8. AGE: Years *70* Months *7* Days *3* It less than one day
hrs. min.

9. Birthplace *Berlin, Maryland*
(Town, county, and state)

10. Usual occupation *at home*

11. Industry or business

12. Name *Carter*

13. Birthplace *Maryland*

14. Maiden name *no data - proceeds*

15. Birthplace *unknown*

16. Informant *Mrs. Lillian Sparks*

Address *Wheaton, Md.*

17. Burial, cremation, or removal, Which? *Buried* Date thereof *12-7-48*
(month) (day) (year)

Cemetery or crematory *Wheaton Cemetery*

Location *Wheaton, Md.*

18. Funeral director *J. Virgil Moore & Son*

Address *Wheaton, Md.*

19. *12/6* 19*48* *M. D. O. George*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 6, 1948* at *8:45* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*

and that I last saw him *alive* on *19*

Immediate cause of death *Indur*
occlusion

Due to *Cardio Vascular Disease*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *James D. George* M. D. or other

Address *Wheaton, Md.* Date signed *12/6/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2

93d

12313

Reg. Dist. No. 64

1. PLACE OF DEATH:

County... Caroline
 City or town... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
West Central Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... West Central Avenue
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Ernest E. Wright

3. (b) Social Security Number

218-01-1349

4. Sex... Male 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married
 6. (b) Name of husband or wife... Anna M. Wright
 7. Birth date of deceased (mo., day, yr.)... January 9, 1876 6. (c) If alive, give age... 69 years
 8. AGE: Years... 72 Months... 11 Days... 14 If less than one day... hrs. ... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH... December 23 1948, at 5:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18/48 1948 to Dec 23 1948
 and that I last saw him alive on Dec 23/48 1949
 Immediate cause of death... Cerebral Thrombosis DURATION... 5 days

Due to... Chronic myocarditis 5 yrs.
 Due to... ..

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Frank M. Anderson MD. M. D. or otherAddress... Federalburg, Maryland Date signed... 12-26-48

9. Birthplace... Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation... Operator of Store
 11. Industry or business... Groceries
 12. Name... Ernest Wright
 13. Birthplace... Dorchester County, Maryland
 14. Maiden name... Sarah Williams
 15. Birthplace... Dorchester County, Maryland
 16. Informant... Mrs. Anna M. Wright
 Address... Federalburg, Maryland
 17. Burial Date thereof... December 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... West Crest Cemetery
 Location... Federalburg, Maryland
 18. Funeral director... J. J. Frampton and Son
 Address... Federalburg, Maryland
 19. December 26 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

